# TN - Submission Package - TN2020MS0002O - (TN-21-0010) - Eligibility

Summary

Reviewable Units Versions Correspondence Log Approval Letter



CMS-10434 OMB 0938-1188

# **Medicaid State Plan Eligibility**

Eligibility Groups - Options for Coverage

#### Children with Non IV-E Adoption Assistance

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

Children with special needs for medical or rehabilitative care for whom there is a non IV-E adoption assistance agreement in effect with a state, who were eligible for Medicaid immediately before the adoption agreement was executed, or who had income at that point in time at or below a standard established by the state

#### **Package Header**

Package ID TN2020MS0002O

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Submission Type Official

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Superseded SPA ID TN 14-0005

System-Derived

The state covers the children with non IV-E adoption assistance group in accordance with the following provisions:

#### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

- 1. Are under age 21 or a lower age, as specified in C.
- 2. Have a state adoption assistance agreement in effect between the adoptive parent(s) and a state.
- 3. The state adoption agency has determined that they cannot be placed for adoption without Medicaid coverage because of special needs for medical or
- 4. Immediately prior to execution of the adoption agreement, were eligible under the Medicaid state plan of the state with the adoption assistance agreement or, at the state's option, immediately prior to execution of the adoption agreement had income no more than the income standard (which could be no income test) specified in Section D.
- 5. Are not otherwise eligible for and enrolled in mandatory coverage under the state plan.

#### **B. Financial Methodologies**

When income is considered, MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.

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## **C. Individuals Covered**

1. The state covers all children under	a specified age limit for whom there is an adoption assistance agreement in place from any state.
• Yes	
○ No	
	a. The age of children covered under this eligibility group is.
	• i. Under age 21
	ii. Under age 20
	iii. Under age 19
	iv. Under age 18
	b. In addition, the state covers reasonable classifications of children.
	Yes
	⊙ No

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# **D. Income Standard Used**

December 31, 2013.
• Yes
○ No
2. The state used an income standard or disregarded all income for this group either in the Medicaid state plan as of March 23, 2010 or December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.
Yes
<b>⊙</b> No
3. The state does not use an income standard or disregard all income for this group.

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## F. Additional Information (optional)

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